

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

07-11-2000 90002 024 \*\*\*\*61.25

**DOCUMENT # N04521**

1. Entity Name

**OAK GROVE CEMETERY ASSOCIATION, INC.**

Principal Place of Business

37 EAST OHIO AVENUE  
 C/O GUY W. ARNOLD  
 MACLENNY FL 32063  
 US

Mailing Address

37 EAST OHIO AVENUE  
 C/O GUY W. ARNOLD  
 MACLENNY FL 32063-2138  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**26-3529573**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARNOLD, GUY W.**  
**37 EAST OHIO AVENUE**  
**MACLENNY FL 32063**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |                                 |
|----------------|---------------------|---------------------------------|
| TITLE          | GUY, ARNOLD         | <input type="checkbox"/> Delete |
| NAME           | 37 EAST OHIO AVENUE |                                 |
| STREET ADDRESS | MACLENNY FL 32063   |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          | STD                 | <input type="checkbox"/> Delete |
| NAME           | DAVIS, EARL         |                                 |
| STREET ADDRESS | PO BOX 423 N/A      |                                 |
| CITY-ST-ZIP    | MACLENNY FL 32063   |                                 |
| TITLE          | PD                  | <input type="checkbox"/> Delete |
| NAME           | COMBS, FRED         |                                 |
| STREET ADDRESS | P.O. BOX 223 N/A    |                                 |
| CITY-ST-ZIP    | SANDERSON FL 32087  |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |
| TITLE          |                     | <input type="checkbox"/> Delete |
| NAME           |                     |                                 |
| STREET ADDRESS |                     |                                 |
| CITY-ST-ZIP    |                     |                                 |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |                                                                   |
| STREET ADDRESS |  |                                                                   |
| CITY-ST-ZIP    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*

**5-11-2000**

**258-2729**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)